

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965554	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2021
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NAME OF PROVIDER OR SUPPLIER SANDHILL GARDENS RETIREMENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 24949 SANDHILL BLVD PUNTA GORDA, FL 33983
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A 000	<p>Initial Comments</p> <p>An unannounced complaint survey for complaint #2021005429 was conducted on _____ at Sandhill Gardens Retirement Center, an assisted living facility in Punta Gorda, Florida.</p> <p>Complaint #2021005429 was unsubstantiated. The facility received a citation unrelated to the complaint as a result of this survey.</p> <p>The following is a description of the deficiency.</p>	A 000		
A 160	<p>59A-36.015(1) FAC Records - Facility</p> <p>The facility must maintain required records in a manner that makes such records readily available at the licensee's physical address for review by a legally authorized entity. If records are maintained in an electronic format, facility staff must be readily available to access the data and produce the requested information. For purposes of this section, "readily available" means the ability to immediately produce documents, records, or other such data, either in electronic or paper format, upon request.</p> <p>(1) FACILITY RECORDS. Facility records must include:</p> <p>(a) The facility's license displayed in a conspicuous and public place within the facility.</p> <p>(b) An up-to-date admission and discharge log listing the names of all residents and each resident's:</p> <ol style="list-style-type: none"> 1. Date of admission, the facility or place from which the resident was admitted, and if applicable, a notation indicating that the resident was admitted with a _____; and, 2. Date of discharge, reason for discharge, and identification of the facility or home address to which the resident was discharged. Readmission of a resident to the facility after discharge 	A 160		

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

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A 160	<p>Continued From page 1</p> <p>requires a new entry in the log. Discharge of a resident is not required if the facility is holding a bed for a resident who is out of the facility but intending to return pursuant to rule 59A-36.018, F.A.C. If the resident dies while in the care of the facility, the log must indicate the date of .</p> <p>(c) A log listing the names of all temporary emergency placement and respite care residents if not included on the log described in paragraph (b).</p> <p>(d) The facility's emergency management plan, with documentation of review and approval by the county emergency management agency, as described in rule 59A-36.019, F.A.C., that must be readily available by facility staff.</p> <p>(e) The facility's liability insurance policy required in rule 59A-36.013, F.A.C.</p> <p>(f) For facilities that have a surety bond, a copy of the surety bond currently in effect as required by rule 59A-36.013, F.A.C.</p> <p>(g) The admission package presented to new or prospective residents (less the resident's contract) described in rule 59A-36.006, F.A.C.</p> <p>(h) If the facility advertises that it provides special care for persons with _____'s _____ or related _____, a copy of all such facility advertisements as required by section 429.177, F.S.</p> <p>(i) A grievance procedure for receiving and responding to resident complaints and recommendations as described in rule 59A-36.007, F.A.C.</p> <p>(j) All food service records required in rule 59A-36.012, F.A.C., including menus planned and served and county health department inspection reports. Facilities that contract for food services, must include a copy of the contract for food services and the food service contractor's license or certificate to operate.</p>	A 160		

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A 160	<p>Continued From page 2</p> <p>(k) All fire safety inspection reports issued by the local authority or the State Fire Marshal pursuant to section 429.41, F.S., and rule chapter 69A-40, F.A.C., issued within the last 2 years.</p> <p>(l) All sanitation inspection reports issued by the county health department pursuant to section 381.031, F.S., and chapter 64E-12, F.A.C., issued within the last 2 years.</p> <p>(m) Pursuant to section 429.35, F.S., all completed survey, inspection and complaint investigation reports, and notices of sanctions and moratoriums issued by the agency within the last 5 years.</p> <p>(n) The facility's resident elopement response policies and procedures.</p> <p>(o) The facility's documented resident elopement response drills.</p> <p>(p) For facilities licensed as limited mental health, extended congregate care, or limited nursing services, records required as stated in rules 59A-36.020, 59A-36.021 and 59A-36.022, F.A.C., respectively.</p> <p>This Statute or Rule is not met as evidenced by: Based on record review, and interviews, the facility failed to demonstrate they responded to one (Resident #1) of one complaint of _____ by written documentation of their investigation on a complaint. The facility also had an incomplete grievance policy.</p> <p>The findings included:</p> <ol style="list-style-type: none"> 1. A review of the facility's grievance log showed the last grievance recorded was on _____. A review of Resident #1's closed record showed a "Resident Observation Log" form with no date. It showed Resident #1 went to the hospital on _____. 	A 160		
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A 160 Continued From page 3

..... She asked the Administrator to lock up her purse. Resident #1 returned to the facility on On Resident #1 informed the Administrator someone had taken some coins out of her room. The Administrator responded to Resident #1 by writing: "I assured her that her purse had been locked up and that no one was in it. And that no one had ever entered her room while she was in the hospital. When asked what kind of coins were missing she was unsure. She was unsure about how many were missing and how much they were worth." There was no other information, documentation, or investigation in Resident #1's record of the complaint that someone had taken the coins. There was no information, documentation, or investigation of this complaint in the grievance book.

On at 11:00 a.m., an interview was conducted with the Administrator. She said she had not received any grievances since The Administrator confirmed Resident #1 came to her on stating someone stole her coins that were left in her room. She said she did not document this complaint on their complaint form or put it on the grievance log. The Administrator said: "There was nothing I could do for her." She reviewed the cameras and showed no one entering Resident #1's room. She offered to call the police, but Resident #1 declined. She also said she talked with Resident #1 and her granddaughter several times concerning this incident. However, the Administrator said she could not remember the granddaughter's name and phone number. There was no documentation of these conversations with Resident #1 and her granddaughter. There was no documentation that showed she investigated this allegation by looking at the camera footage or offering to call the sheriff's office.

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A 160	<p>Continued From page 4</p> <p>Interview by phone on _____ at 11:35 a.m., Resident #1's responsible party said the Administrator never called her concerning this issue. She heard about this from her other sister.</p> <p>Interview on _____ at 11:45 a.m., the Administrator said she called the responsible party and talked with the husband about this incident. There was no documentation in Resident #1's record or investigation of this conversation.</p> <p>A review of Resident #1's closed record showed a "Charlotte County Sheriff's Office" business card. The Administrator said the sheriff came to the facility on approximately _____ to investigate this issue. There was no documentation in Resident #1's record to show the sheriff's office was investigating this incident or to show the facility was involved with this investigation or offer assistance.</p> <p>Interview by phone on _____ at 12:00 p.m., Resident #1 said when she complained to the Administrator about her lost coins the Administrator did not offer her a complaint form. She wasn't aware the facility had a grievance policy. No one from the facility helped her find her coins. The Administrator kept telling her they are not responsible for her belongings in her room. She went to talk to a man (she could not remember his name) who was some type of administrator in the building. He said he would not talk to her about this issue. She said she had to call the police in order to get some help in finding her coins.</p> <p>The facility failed to show a thorough investigation and documentation of a grievance Resident #1</p>	A 160		

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A 160	<p>Continued From page 5 reported to the Administrator.</p> <p>2. A review of the facility's "North Port Retirement Centers, Inc. GRIEVANCE POLICY" reads: "3. Management will review all complaints and respond within 24 hours. a. Every effort will be made to resolve all resident complaints either immediately or within a 24-hour period . . ." "Monday through Friday The Administrator or Manager's office is open to all residents during normal business hours. After Hours and Weekends If staff cannot resolve a problem immediately, then a "Complaint" form should be filled out and turned in to the office."</p> <p>Their grievance policy does not include giving the resident access to the ombudsman volunteers and other advocate groups. It also lacks how management will respond to the person filing the grievance, and how documentation of the grievances will be maintained.</p> <p>Class III</p>	A 160		